

RECEIVED

EMAIL

OCT - 5 2007

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Michael Wright for City Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision
Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Michael Wright

Political Party (if applicable) NA

Office Sought

City Council, Iowa City

District (if Senate or House)

candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

Holly Hart, 319-337-7341, 10/5/07

REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. I AM FILING A

October 5, 2007 Report

Indicate by # 1

Local Committees, enter Date of Election which Election is held
October 9, 2007

County & Local Committees, enter County in
Johnson County

CHECK IF AMENDMENT TO REPORT DATED

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) **\$ 0.00**

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$3,905.63

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____
(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 3,905.63

SUBTRACT TOTAL MONEY SPENT THIS PERIOD \$1774.74

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) _____
\$2,130.89

Schedule F: Loan Repayments total (Attach Schedule F) _____

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 26

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$

NO YES

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$

Submit a reconciled campaign account bank statement in January of each year. **STATE COMMITTEES**

File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2007 OCT -8 AM 8:00

COMMITTEE NAME (Must be same as on Statement of Organization)

WRIGHT for Iowa City

IMPORTANT: Indicate by # type of committee you are reporting for: 6
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Michael Wright

Political Party (if applicable)

NA

Office Sought

City Council Iowa City

District (if Senate or House)

NA

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Holly Hart
SIGNATURE OF PERSON FILING REPORT

319-337-7341
TELEPHONE

10/15/07
DATE SIGNED

I AM FILING A October 4, 2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
November 6, 2007
County & Local Committees, enter County in
which Election is held
Johnson

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

\$ 4,229.28

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 4,229.28

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,034.54

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 2,194.74

**UNPAID BILLS (From Schedule D - Attach Schedule D)

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

WRIGHT for Iowa City

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/22/07	ID# CK# 1686	Todd Thelen 331 E. Market St Iowa City, IA 52245	none	\$ 50	<input type="checkbox"/>
6/4/07	ID# CK# 5106	Holly Hart PO Box 8448 Iowa City, IA 52244-2448	none	25	<input type="checkbox"/>
6/6/07	ID# CK# 4016	Duncan + Rachel Stewart 1327 Oakcrest Ave Iowa City, IA 52246	none	50	<input type="checkbox"/>
6/7/07	ID# CK# 7519	Regenia Bailey 430 Church St Iowa City, IA 52245	none	100	<input type="checkbox"/>
6/7/07	ID# CK# 3117	Michael Carberry 2024 Friendship St. Iowa City, IA 52245	none	15	<input type="checkbox"/>
6/7/07	ID# CK# 5558	Rodney Sullivan 2326 E. Coast St Iowa City, IA 52245	none	100	<input type="checkbox"/>
6/12/07	ID# CK# 2961	Jeanette Carter 424 Oakland Ave Iowa City, IA 52240	none	40	<input type="checkbox"/>
6/16/07	ID# CK# 3801	Garry Klein 628 2nd Ave Iowa City, IA 52245	none	25	<input type="checkbox"/>
6/17/07	ID# CK# cash	Garry Klein 628 2nd Ave Iowa City, IA 52245	none	10	<input type="checkbox"/>
6/22/07	ID# CK# 6032	Liz Crooks 610 Clark St Iowa City, IA 52240	none	25	<input type="checkbox"/>
SUB-TOTAL				\$ 440	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 9
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)**COMMITTEE NAME** (Must be same as on Statement of Organization)WRIGHT for Iowa City

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/20/07	ID# CK# <u>eft</u>	Pay pal paypal.com		\$ <u>0.28</u>	<input type="checkbox"/>
6/19/07	ID# CK# <u>3795</u>	Dale Shultz 822 Elliot Court Iowa City, IA 52246	none	100	<input type="checkbox"/>
6/19/07	ID# CK# <u>3570</u>	David McIntney + James Petersen 1302 Muscatine Ave Iowa City, IA 52240	none	100	<input type="checkbox"/>
6/21/07	ID# CK# <u>1650</u>	Bonnie + Mark Penno 28 Galway Place Iowa City, IA 52246	none	50	<input type="checkbox"/>
6/21/07	ID# CK# <u>3055</u>	Judith Pascoe 317 E. Fairchild St Iowa City, IA 52245	none	100	<input type="checkbox"/>
6/20/07	ID# CK# <u>5799</u>	Patrick S. Muller 420 Iowa St NW Hills, IA 52235	none	10	<input type="checkbox"/>
6/22/07	ID# CK# <u>13154</u>	James J. Walters 1033 E. Washington St Iowa City, IA 52240-5244	none	25	<input type="checkbox"/>
6/26/07	ID# CK# <u>0000975040</u>	Donald Baxter 316 Ridgeview Ave Iowa City, IA 52246	none	100	<input type="checkbox"/>
6/21/07	ID# CK# <u>2907</u>	Audrey Bahrack 830 N. Dodge St Iowa City, IA 52245	none	100	<input type="checkbox"/>
6/23/07	ID# CK# <u>1303</u>	Ned Wood 1016 E. College St Iowa City, IA 52240	none	50	<input type="checkbox"/>
SUB-TOTAL				\$ <u>635.28</u>	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 9
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)WRIGHT for IDwa City

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/25/07	ID# CK# 4385	Clark Cooper 301 S. Westminster St Iowa City, IA 52245-4941	None	\$ 100	<input type="checkbox"/>
6/27/07	ID# CK# 2978	Suzanna Berthel 520 S. Governor St Iowa City, IA 52240	None	50	<input type="checkbox"/>
6/27/07	ID# CK# 3474	Stanley G. Yoder, Jr. 711 S. Linn St Iowa City, IA 52240	None	25	<input type="checkbox"/>
6/30/07	ID# CK# 2115	Thomas Carsher 1627 College Court Place Iowa City, IA 52245	None	50	<input type="checkbox"/>
6/30/07	ID# CK# 1120	Brett Cloyd 1008 E. Bloomington St Iowa City, IA 52245	None	50	<input type="checkbox"/>
6/30/07	ID# CK# 1848	Patricia McNichol, Bruce McNichol 817 E. Bloomington St Iowa City, IA 52245	None	50	<input type="checkbox"/>
7/1/07	ID# CK# 2697	Mark Harris 711 12th Ave Coralville, IA 52241	None	25	<input type="checkbox"/>
7/1/07	ID# CK# 3661	Claire Spangler + Jeffrey Porter 413 N. Gilbert St Iowa City, IA 52245	None	100	<input type="checkbox"/>
7/2/07	ID# CK# 8110	Karen Fox, Charles Eastham 37 Colwyn Ct Iowa City, IA 52244	None	50	<input type="checkbox"/>
7/2/07	ID# CK# 3394	Charles + Margaret Felling 825 S. 7th Ave Iowa City, IA 52240	None	30	<input type="checkbox"/>
SUB-TOTAL				\$ 530	
TOTAL (If last page of this schedule)				\$	

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Page 3 of 9
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)WRIGHT for IOWA CITY**SCHEDULE****A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/5/07	ID# CK# 6460	Martha Greer 530 S. Governor St Iowa City, IA 52240	None	\$ 25	<input type="checkbox"/>
7/8/07	ID# CK# 2669	A. Mori Constantino 407 Brown St Iowa City, IA 52245	None	100	<input type="checkbox"/>
7/6/07	ID# CK# 8223	Peter Hansen 1203 Cambria Ct Iowa City, IA 52246	None	100	<input type="checkbox"/>
7/6/07	ID# CK# 3177	Sarah + Henry Paulson 416 N. Linn St Iowa City, IA 52245	None	50	<input type="checkbox"/>
7/7/07	ID# CK# 9194	Christopher Solat, Todd Simpson 437 Garden St Iowa City, IA 52245	None	100	<input type="checkbox"/>
7/8/07	ID# CK# 5846	Maeve Clark 422 Walas St Iowa City, IA 52245	None	25	<input type="checkbox"/>
7/8/07	ID# CK# 2081	James O Gorman 832 Roosevelt St Iowa City, IA 52240	None	50	<input type="checkbox"/>
7/13/07	ID# CK# 1808	Ray, Nancy Newkirk 2241 Hill Dr. NE Solon, IA 52333	None	25	<input type="checkbox"/>
7/14/07	ID# CK# 1330	Colin Hennessey, Jason Schatt 224 N. Lucas St Iowa City, IA 52245	None	50	<input type="checkbox"/>
7/15/07	ID# CK# 2295	Karen Leish 809 E. Bloomington St Iowa City, IA 52245	None	25	<input type="checkbox"/>

SUB-TOTAL

\$ 550

TOTAL (If last page of this schedule)

\$

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Page 4 of 9
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)WRIGHT for IOWA CITY

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/21/07	ID# CK# 5533	Geoffrey Seaman 9 Parsons Ave Iowa City, IA 52245	none	\$ 100	<input type="checkbox"/>
8/25/07	ID# CK# 2201	Todd Thaler 331 E. Market St. Iowa City, IA 52245	none	50	<input type="checkbox"/>
8/26/07	ID# CK# 3276	Judith Pascoe 317 Fairchild St. Iowa City, IA 52245	none	25	<input checked="" type="checkbox"/>
8/26/07	ID# CK# 6605	Karen Kubby 1425 Ridge St. Iowa City, IA 52240-2720	none	50	<input checked="" type="checkbox"/>
8/26/07	ID# CK# 2229	Douglas C. Brenner 1812 Glendale Rd. Iowa City, IA 52245-324	none	25	<input checked="" type="checkbox"/>
8/26/07	ID# CK# 855	Larry Baker 1217 Rochester Ave Iowa City, IA 52245	none	25	<input checked="" type="checkbox"/>
8/23/07	ID# CK# 3567	John F. Shaw 314 Scott Ct. Iowa City, IA 52245	none	60	<input type="checkbox"/>
8/26/07	ID# CK# 11020	Mary Vasey 508 Melrose Ct Iowa City, IA 52246	none	25	<input checked="" type="checkbox"/>
8/26/07	ID# CK# 5875	Maeve Clark 422 Wales St Iowa City, IA 52245	none	40	<input checked="" type="checkbox"/>
8/26/07	ID# CK# 1138	Mark Russo 614 Clark St. Iowa City, IA 52240	none	25	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 425	
TOTAL (if last page of this schedule)				\$	

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Page 6 of 9
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

WRIGHT for IOWA CITY

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/26/07	ID# CK# 3670	Jeffrey Porter 413 N. Gilbert St. Iowa City, IA 52245	none	\$ 25	✓
8/26/07	ID# CK# 6367	Gail Ardery 1829 Friendship St. Iowa City, IA 52245	none	50	✓
8/26/07	ID# CK# 2989	Carol Spaziani 404 Crestview Ave Iowa City, IA 52245-5223	none	50	✓
8/26/07	ID# CK# 5767	Ann Freerks 443 S. Governor St Iowa City, IA 52240	none	20	✓
8/26/07	ID# CK# 2105	Nicholas Johnson PO Box 1876 Iowa City, IA 52244-1876	none	25	✓
8/26/07	ID# CK# cash	Michelle Knock 815 S. Summit Iowa City, IA 52240	none	40	✓
8/26/07	ID# CK# cash	Mark Harris 711 12th Ave Coralville, IA 52241	none	20	✓
8/26/07	ID# CK# cash	Jay Berry 430 Church St Iowa City, IA 52245	none	25	✓
8/26/07	ID# CK# cash	Chuck Wufano PO Box 1461 Iowa City, IA 52246-1461	none	25	✓
8/26/07	ID# CK# cash	Scott Streff 19 Gryn Court Iowa City, IA 52246	none	25	✓
SUB-TOTAL				\$ 305	
TOTAL (if last page of this schedule)				\$	

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Page 7 of 9
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)WRIGHT for IOWA CITY

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/26/07	ID# CK# cash	MISC. CASH	-	\$ 31	<input checked="" type="checkbox"/>
9/4/07	ID# CK# 2100	Stephen Bloom 412 S Summit St. IOWA CITY, IA 52240	none	25	<input type="checkbox"/>
8/26/07	ID# CK# 3574	James A Petersen 1302 Muscatine Ave IOWA CITY, IA 52240	none	100	<input type="checkbox"/>
9/4/07	ID# CK# 8653	James + Hope Barton PO Box 48 IOWA CITY, IA 52244-0048	none	50	<input type="checkbox"/>
9/5/07	ID# CK# 1168	Nancy + Gray Zwerling 22A Magowan Ave IOWA CITY, IA 52246	none	50	<input type="checkbox"/>
9/5/07	ID# CK# 1855	Linda Kerber 425 Lexington Ave IOWA CITY, IA 52246	none	50	<input type="checkbox"/>
9/6/07	ID# CK# 9303	Pamela Stewart 1 Oakholi Ct. IOWA CITY, IA 52246	none	50	<input type="checkbox"/>
9/6/07	ID# CK# 3070	John Schacht 4244 Morel Circle, NE IOWA CITY, IA 52240	none	25	<input type="checkbox"/>
9/6/07	ID# CK# 13529	Janet Lyness 3010 Greighton Dr. IOWA CITY, IA 52245	none	25	<input type="checkbox"/>
9/10/07	ID# CK# 3018	Lannie Pulkrahn 4698 Fox Lane, NE IOWA CITY, IA 52240	none	25	<input type="checkbox"/>
SUB-TOTAL				\$ 431	
TOTAL (if last page of this schedule)				\$	

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Page 8 of 9
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)WRIGHT for Iowa City

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/6/07	ID# CK# 4425	Colin Gordon 1122 Rochester Ave Iowa City, IA 52245	none	\$ 50	<input type="checkbox"/>
9/12/07	ID# CK# 1385	Katherine Glover 828 Cypress Ct. Iowa City, IA 52245	none	100	<input type="checkbox"/>
9/12/07	ID# CK# 472	Barbara Eckstein 814 Ronalds St Iowa City, IA 52245	none	15	<input type="checkbox"/>
9/16/07	ID# CK# 1644	Sennette Sherer & Ryan Downey 304 Pinecrest Rd. Iowa City, IA 52245	none	25	<input type="checkbox"/>
9/17/07	ID# CK# 1881	Douglas Baynton 1510 Muscatine Ave Iowa City, IA 52240	none	25	<input type="checkbox"/>
9/23/07	ID# CK# 2385	Evan Fales 1215 Oakcrest Ave Iowa City, IA 52246	none	50	<input type="checkbox"/>
9/29/07	ID# CK# 5799	Ann Stromquist 316 Myrtle Ave Iowa City, IA 52246	none	50	<input type="checkbox"/>
6/25/07	ID# 68B996232A5211350 CK# paypal	Rachel Stewart 1327 Oakcrest Ave Iowa City, IA 52246	none	5	<input type="checkbox"/>
9/8/07	ID# paypal CK# 9142020017140104	EVAN EVANS 424 Highland Ct Iowa City, IA 52240	none	100	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$420

TOTAL (if last page of this schedule)

\$4,229.28

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(to schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

WRIGHT for IOWA CITY

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/25/07	ID# CK#	paypal paypal.com WRIGHT for IOWA CITY	transaction fee	\$ 0.45
7/23/07	ID# CK# 501	Duncan Stewart 1327 Oakcrest Ave Iowa City, IA 52246	re-imb. - t-shirts Old Capital Screen Printers 709 S. Clinton St., Iowa City, IA 52240	123.08
7/23/07	ID# CK# 502	Rachel Stewart 1327 Oakcrest Ave Iowa City, IA 52246	re-imb. - web hosting + domain GoDaddy.com	99
7/23/07	ID# CK# 503	Michael Wright 225 N. Lucas St. Iowa City, IA 52245	re-imb. - post cards Zephyr Copies + Design 124 E. Washington St. Iowa City, IA 52240	56.18
7/26/07	ID# CK# 504	Duncan Stewart 1327 Oakcrest Ave Iowa City, IA 52246	re-imb. - t-shirts Old Capital Screen Printers 709 S. Clinton St. Iowa City, IA 52240	170.02
8/23/07	ID# CK# 505	John Deeth 313 W. Melrose St. Iowa City, IA	re-imb. - office supplies Office Depot 445 HWY 6 E Iowa City, IA 52240	27.86
8/26/07	ID# CK# 506	Michael Wright 225 N. Lucas St. Iowa City, IA 52245	re-imb. - color copies Zephyr Copies + Design 124 E. Washington St. Iowa City, IA 52240	103.35
9/5/07	ID# CK# 507	Jeanette Carter 424 Oakland Ave Iowa City, IA 52240	re-imb. - postage US Post Office Iowa City, IA 52240	98.40
SUB-TOTAL				\$ 678.39
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

WRIGHT for IDwa City

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/8/07	ID# CK#	paypal paypal.com	transaction fee	\$ 3.20
9/17/07	ID# CK# 508	Michael Wright 225 N. Lucas St IDwa City, IA 52245	Re-imb. - yard signs Ameri print 5824 Turney Rd Garfield Hts, OH 44125	1,067
9/17/07	ID# CK# 509	Duncan Stewart 1327 Oakcrest Ave IDwa City, IA 52246	Re-imb. - meal volunteer Raidy's Wraps 18 S. Clinton St. IDwa City, IA 52240	5.75
9/17/07	ID# CK# 510	Old Capital Screen Printers 709 S. Clinton St IDwa City, IA 52240	+ shirts	180.20
9/17/07	ID# CK# 512	University of Iowa IDwa City, IA 52242	registration; homecoming parade entry	100
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$1,356.15
TOTAL (if last page of this schedule)				\$2,034.54

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS. SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

WRIGHT for Iowa City

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/31/07	Michael Wright 225 N. Lucas St. Iowa City, IA 52245	Self	post box + key deposit	\$ 26	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 26	
TOTAL (if last page of this schedule)				\$ 26	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)